

Indiana Department of Child Services
Specialized Services- Residential Family Preservation Addiction
Treatment Program

SERVICE DESCRIPTION:

The Indiana Department of Child Services is interested in service solutions to improve and/ or expand the service array for adult clients with a substance-related disorder, with an emphasis of methamphetamine treatment, with minimal manageable medical conditions; minimal risk; and/ or emotional, behavioral, physical, and cognitive conditions that will not prevent the client from benefiting from this level of care, who have multiple and complex needs, require a safe environment for stabilization, intensive treatment, and an intensive recovery support structure.

Completing the following service narrative will supersede the attachment E-Service Narrative for this specific request for proposal.

Respondents must provide a service narrative that addresses the following topics:

1. PROGRAM NAME/PROPOSED PROGRAM MODEL

Narrative should provide the program name as well as describe the proposed evidenced based model or promising practice to be utilized in delivering the adult residential addiction treatment program. Residential treatment programs are characterized by offering twenty-four hour supervised living with a highly structured treatment program. Narrative should include how the selected program model addresses the needs of the specific community for which the service is being proposed. Description of the evidence based practice or promising practice model will be required. The proposed program must be licensed and/ or certified by the Indiana Division of Mental Health and Addictions. Narrative should describe the residential components and the therapeutic components that are covered in the selected evidenced based model or promising practice model. The therapeutic treatment components should include, but not limited to, clinical therapies, psycho-educational groups, and rehabilitative activities.

If an established evidenced based model is not being proposed, narrative should include justification and in-depth explanation of the promising practice being proposed.

The evidence based model or promising practice to be utilized must be consistent

with the Indiana Department of Child Services practice model.

2. MODEL IMPLEMENTATION/STAFF TRAINING AND SUPERVISION

Narrative should provide a detailed plan of how the evidenced based model or promising practice will be implemented within the identified area to be served. Narrative should include start up plan and process, including training and supervision requirements of staff. Narrative should also describe the initial and ongoing training and oversight of the direct workers and supervisory staff. Provider staff delivering service must meet appropriate federal, state, and local regulations for their respective disciplines. Qualifications of staff and supervisors should be described in detail.

3. ADHEARANCE TO EVIDENCE BASED MODEL/PROMISING PRACTICE FIDELITY

Narrative should include respondent's experience and training related to the service delivery model, estimated length of service and service delivery methods. Narrative should also include the respondent's experience and training related to the service delivery model.

4. INTAKE/REFERRAL/ASSESSMENT PROCESS

Narrative should describe the intake and referral process to be utilized in the program including respondent's procedure/methods for a guaranteed time frame for initiation of services. Narrative should also include information on the initial assessment of the adult client and the decision making process for acceptance or denial of the adult client into the program.

5. SERVICED DEMOGRAPHICS

Narrative should define the target population as adult clients with a substance-related disorder, with an emphasis of methamphetamine treatment, with minimal manageable medical conditions; minimal risk; and/ or emotional, behavioral, physical, and cognitive conditions that will not prevent the client from benefiting from this level of care. Narrative must identify the geographical service area, the projected number of clients the provider/agency intends to serve, the caseload maximum for each direct worker, and the number of direct workers under each supervisor. Narrative should also project the average length of service, including the minimum and maximum time frame.

6. PROGRAM EVALUATION/GOALS

Narrative must identify the outcomes consistent with the program specific goals of the evidenced based model or promising practice. Narrative should address why

these goals are applicable and how the agency will adhere to the above goals and measures of the chosen evidenced based model or promising practice.

7. REPORTING

Narrative outlines the method of tracking and reporting each goal and measurable outcomes to the Indiana Department of Child Services.

8. TIMELINE

Narrative provides a description of the anticipated timeline to accept referrals/serve families. Narrative should outline a detailed startup/training timeline (including time to hire and train staff, build capacity/promote program in the proposed service area, timeline should cover from award notification date to when families can be served). Narrative should also include a tentative daily schedule.

9. COST JUSTIFICATION*

Attachment F- Budget submission is required. This document can be located at <http://www.in.gov/dcs/3159.htm>

Narrative should describe/summarize the costs involved in providing the proposed service outlined including, but not limited to; licensing fees, training, supervision, etc. Narrative should also identify the costs associated with the per diem for the residential treatment components and therapeutic treatment components in the selected evidenced based model or promising practice.

*For eligible clients, some services may be provided through Medicaid Rehabilitation Option (MRO) or Medicaid Clinic Option (MCO) with the remaining services paid by DCS. While the primary focus of these services is on the needs of the client, it is expected that some of these services will be deemed medically necessary to meet the behavioral health care needs of the MRO eligible client, and therefore may be billable to MRO. Other services for Medicaid clients may be covered under MCO. It is the responsibility of the contracted service provider to be knowledgeable about the Medicaid billing requirements and comply with them, including provider qualifications and any pre-authorization requirements and further, to appropriately bill those services in particular cases where they may be reimbursed by Medicaid. The services not eligible for MRO or MCO may be billed to DCS.